Wellchild Reco	*Flu vaccinations are not included in this program. **Immunizations and Well child visits may be done on separate visits.
Child's Full Name Child's Date of Bir Child's Address Child's City, State, I got my physical	Zip on (date)
Where did I get m	y physical? O Pediatrician O Public Health Nursing O Family physician O Other
1	lame of physician
9	ignature
USA	Choose one bag (based on age range) 1 bag per child, not per visit.
	Ages: 0-2 Ages: 3-5 (stringbag) Wyoming Denim Tote (bear with baseball) Ages: 3-5 (stringbag) Wyoming Department of Health
1 May May Sund	Commit to your health.
Ages: 0-5	1-877-KIDS NOW (543-7669)

Immunization Record* **		*Flu vaccinations are not included in this program. **Immunizations and Well child visits may be done on sepa	ırate visits.
Type of Immunization			
Child's Full Name			
Child's Date of Birth			
Child's Address			
Child's City, State, Zip			
I got my shot on (date)		_	
Where did I get my shot?		Pediatrician	
	Ö	Public Health Nursing	
	O	Family physician	
Name of person who	0	Other	
gave shot			• 4.0
Signature			1
Choose one bag (bas	Choose one bag (based on age range) 1 bag per child, not per visit.		
Ages: 0-2		Ages: 3-5	Wyoming Department
	○ Khaki Tote (bear with flower) ○ Pink (bear with flower) ○ Denim Tote (bear with þasęball) ○ Red (bear with baseball)		
O Denim lote (bear with	baseb	all) O Red (bear with baseball)	Commit to your health.
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	10.1	and the state of t	Lais Maria handle and